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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> Only for new nonprovisional applications under 37 C.F.R. 1.53(b)	Attorney Docket No.	KNK-3.2.001/3705
	First Inventor:	Kerry McLellan
	Title	METHOD AND APPARATUS FOR DISTRIBUTING PARCELS
	Express Mail Label No.	EL 781392003US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages [ 21 ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&amp;D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Pages [ 3 ]</p> <p>5. Oath or Declaration Total Pages [ 2 ] a. <input checked="" type="checkbox"/> executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Check for \$1216.00</p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS. Only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered to be part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label : : or ☒ Correspondence address below  
:(Insert Customer No. Or Attach bar code label here) :

Name	COBRIN & GITES				
Address	750 Lexington Avenue, 21 floor				
City	New York	State	New York	Zip Code	10022
Country	U.S.A.	Telephone	(212) 486-4000	Fax	(212) 486-4007
Name (Print/Type)	Richard M. Lehrer		Registration No. (Attorney/Agent)	38,536	
Signature	<i>Richard M. Lehrer</i>		Date	May 24, 2001	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.

**FEE TRANSMITTAL  
for FY 2001***Patent fees are subject to annual revision.***Complete if Known**

Application Number	to be assigned
Filing Date	concurrently herewith
First Named Inventor	Kerry McLellan
Examiner Name	to be assigned
Group/Art Unit	to be assigned
Attorney Docket No.	KNK-3.2.001/3705

**TOTAL AMOUNT OF PAYMENT** (\$1216.00)**METHOD OF PAYMENT (check one)**1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: [03-2317]

Deposit Account Name: [COBRIN &amp; GITTES]

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status. See 37 CFR 1.272. ☒ Payment Enclosed:☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
101	710	201	355	Utility filing fee	\$710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

**SUBTOTAL (2)** \$ 710.00**2. EXTRA CLAIM FEES**

			Extra Claim	Fee below	Fee Paid
Total Claims	37	-20 =	17	x 18	\$306.00
Indep. Claims	5	-3 =	2	x 80	\$160.00
Multiple Dependent					

**\*\* or number previously paid, if greater: for reissues, see below**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$466.00)**\*\*or number previously paid, if greater: For Reissues, see above****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

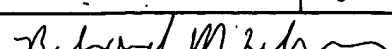
Large Entity		Small Entity		Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
105	130	205	65	Surcharge - Late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	Request for Reexamination	
112	920*	112	920*	Req. publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension within first month	
116	390	216	195	Extension within second month	
117	890	217	445	Extension within third month	
118	1,390	218	695	Extension within fourth month	
128	1,890	228	945	Extension within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	241	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submit Info. Disclosure Stmt	
581	40	581	40	Patent Assignment per property	\$ 40.00
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design appln.	

Other fee (specify) \_\_\_\_\_

**\*Reduced by Basic filing fee Paid****SUBTOTAL (3)**

\$ 40.00

**SUBMITTED BY****Complete (if applicable)**

Name (Print Type)	Richard M. Lehrer	Registration Number	38,536	Telephone	(212) 486-4000
Signature		Date	May 24, 2001		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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